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Ashley J. Wells 27 Outlook Circle Swannanoa, NC 28	90 01/16/3	2007	St	ereby certify that t	his Fee(s) Trai	nostage for fir	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
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•				<u> Challeys</u>	<u> A. Jure</u>	lle	(Signature)
,				Monch	15,20	<u> </u>	(03-15-03)(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R -	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/973,251	10/08/2001		David N. Sciuk		SCIU	K-0001	6179
TITLE OF INVENTION: A HUMAN ENTITIES	AUTOMATED SYST	EM AND METHOD I	OR MANAGING A PI	ROCESS FOR TH	E SHOPPING	AND SELEC	TION OF .
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISS	UE FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	. 04/16/2007
EXAMINE	ER	ART UNIT	CLASS-SUBCLASS	了			
ZEENDER, FLORIAN M		3627	705-026000	_			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney or	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is			
(A) NAME OF ASSIGN	an assignee is identing 37 CFR 3.11. Complete	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	patent. If an assign assignment.  Y and STATEOR  GAS 12 FO	EEVAD	2 06000100 6	document has been filed for 19973251 760.00 OP 300.00 OP
4a. The following fee(s) are  Issue Fee  Publication Fee (No s  Advance Order - # or	small entity discount p	Bb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-36-36-36-46 (enclose an extra copy of this form).					
5. Change in Entity Status  a. Applicant claims S	MALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no lo				
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Authorized Signature	Onley o	Lelle		Date	Mia	veh 1	5,2007 (03-15-
Typed or printed name _	ASHLEY	J. Wells		Registration	No. 29	847	
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virg Alexandria, Virginia 22313 Under the Paperwork Reduc	ity is governed by 35 pplication form to the s for reducing this bur inia 22313-1450. DO 1450.	U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to the NOT SEND FEES OR	1.14. This collection is expending upon the induction office Chief Information OfficomPLETED FORMS	estimated to take 12 lividual case. Any cer, U.S. Patent an TO THIS ADDRE	2 minutes to co comments on t d Trademark ( SS. SEND TO:	omplete, including the amount of the commissioner of the commissio	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete ourtment of Commerce, P.O. for Patents, P.O. Box 1450, of number.